PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10709157

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			is					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	}	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			30 minus 20=		· 10			X\$ 9=	90	OR	X\$18=	
INDEPENDENT CLAIMS					* 2			X43=	86	OR	X86=	
ML	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT		#11 W			+145=	145	OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in			column 2	•	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								OTHER THAN				
		(Column 1)	(Column 2)			(Column 3)		SMALL E	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	01.404	=		X43=		ОR	X86=	
		NTATION OF MU	JETIPLE DEF	ENDENT	CLAIM		' [+145=		OR	+290=	
	123							TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		= .		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		!	+145=		OR	+290=	
						L	TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE		
	•	(Colum	nn 2)	(Column 3)	Ŷ	DUIT. FEE E	٠.		ADDITION ELL			
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	ST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	<u> </u>	Minus	***		=		X43=		OR	X86=	
\Box	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							L	TOTAL		OR OR	TOTAL	
***	If the "Highest Nu	mber Previously Pa	id For IN THIS	S SPACE is	less that	n 3, enter "3."	~	DDIT. FEE L		. ,	DDIT. FEE	
	ine highest num	ber Previously Paid	or (local or	maepenae	nu is the	ingriesi numbe	ı. IOUN	u in the app	opiate Dox	ar con		